



**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
OFFICE OF PUBLIC SAFETY AND INSPECTIONS
STATE ATHLETIC COMMISSION**

PLEASE SUBMIT APPLICATION TO:
1 ASHBURTON PLACE, RM. 1301 BOSTON, MASSACHUSETTS 02108

**APPLICATION FOR APPOINTMENT AS
DEPUTY COMMISSIONER**

(Please Type or Print Legibly)
(Illegible or incomplete applications will not be accepted)

BACKGROUND INFORMATION

NAME _____

First

Middle Initial

Last

ADDRESS _____

Street

City

State

Zip

DAYTIME TELEPHONE # (_____) _____ SOCIAL SECURITY # _____

DATE OF BIRTH ____ / ____ / ____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ OCCUPATION _____

EMPLOYER'S NAME _____ TELEPHONE # _____

EMPLOYER'S ADDRESS _____

Street

City

State

Zip

☐ (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other _____	

AUTHORIZATION FOR RELEASE OF RMV INFORMATION

My signature below authorizes the Office of Public Safety and Inspections to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.



Please describe your experience in professional or amateur boxing, mixed martial arts, or other unarmed combat sports and note any licenses held.

Please explain why you believe you are qualified to hold the position of Deputy Commissioner.

ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge.

Signature of applicant

Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____

DATE OF APPOINTMENT: _____

REASON FOR DENIAL:

